OCT 2 9 2004 5 Unde

PTO/S8/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numbe

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

ired to respond to a collection of	of information unless it displays a valid OMB control number.	
Application Number	10/711,355	1
Filing Date	09/13/2004	_
First Named Inventor	TSAI et al.	
Title	INFORMATION CARD SYSTEM	
Art Unit	Unassigned	
Examiner Name	Unassigned	
Attorney Docket Numb	er 60154.301803	J

I hereby appoint:						
Practitioners associated with the Customer Number:	*3211	2*				
OR						
Practitioner(s) named below:						
Name		Registration Number				
	<u>-</u>					
	· · · - · · · · · · · · · · · · · · ·					
as my/our attorney(s) or agent(s) to prosecute the application in Trademark Office connected therewith.	lentified above, and to transac	ct all business in	the United States Patent and			
Please recognize or change the correspondence address for the	e above-identified application	to:				
		10.				
The address associated with the above-mentioned Cu	istomer Number:					
OR						
The address associated with Customer Number:						
L						
OR Firm or	, , , , , , , , , , , , , , , , , , , ,					
Individual Name						
Address						
Address						
City	State		Zip			
Country Telephone	Fax					
I am the:	rax					
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR:	3 71					
Statement under 37 CFR 3.73(b) is enclosed. (Form P						
SIGNATURE of Applicant or Assignee of Record						
Name Erica Tsai						
Signature LHCA 15W						
Date October 2, 2004		Telephone	408) 395-6015			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of forms are submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03) Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ander the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	rmation unless it displays a valid OMB control number.
Application Number	10/711,355
Filing Date	09/13/2004
First Named Inventor	TSAI et al.
Title	INFORMATION CARD SYSTEM
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	60154.301803

I hereby app	oint:						
	tioners associated v	vith the Customer Number:	*3	211	12 *		
OR			<u> </u>	····			
Practit	tioner(s) named bel	ow:			·		
	-	Name		Registration Number			
		<u>-</u>					
ļ <u> </u>							
							
		-					
	torney(s) or agent(s		identified above,	and to trans	act all business in	the United States Patent and	
Please recor	inize or change the	correspondence address for	the above identifie	d applicatio	on to:		
	,	•			iii to.		
∟ The	e address associate	d with the above-mentioned (Customer Number				
OR							
		ad with Overham a North an				·	
	e address associate	ed with Customer Number:					
OR	r:1						
	Firm or Individual Name						
Addre	ss						
Addre	ss						
City				State		Zip	
Count							
Teleph	none			Fax			
I am the: App	olicant/Inventor.			٠			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name	John C. Tşai						
Signature ACC no u							
Date	U	10/1/64			Telephone		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of forms are submitted.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.